

**EXECUTIVE OFFICE OF PUBLIC SAFETY PROGRAMS DIVISION
BULLETPROOF VEST REIMBURSEMENT FORM**

Contact Person: Bob Kearney, Program Coordinator
Ten Park Plaza, Suite 3720, Boston, MA 02116

Department Name _____ Date Submitted _____ Page _____ of _____

Department Address _____ Contact Person _____

Phone No. _____

Please make copies of this form for future use

E-mail: _____

Name	Social Security Number	Vendor	Date Vest Purchased	Threat Level (II, IIA, IIIA)	Price
			TOTALS		

For FIRST-TIME Reimbursement Only

Please sign and date below to confirm that, to the best of your knowledge, all information provided is accurate and verifiable.

Original Signature of Chief of Police or Chief Executive Officer
(In blue ink)

Date